I-Decisions Inc.

An Independent Review Organization
5501 A Balcones Drive #264
Austin, TX 78731
Phone: (512) 394-8504
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/13/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

outpatient thoracic epidural steroid injection (ESI)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Neurological surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. It is the opinion of the reviewer that medical necessity is not established for the requested outpatient thoracic epidural steroid injection (ESI).

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical documentation Dr. 09/29/11-06/30/11
CT myelogram thoracic spine and lumbar spine 05/01/12
Prior reviews 06/26/12 and 07/02/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was being followed for severe thoracolumbar pain. Prior medication use has included hydrocodone. CT myelogram studies of the thoracic spine and lumbar spine on 05/01/12 revealed vacuum disc phenomenon at multiple disc spaces of the thoracic spine. Mild foraminal narrowing was noted from T8 to T12 with a normal contour of the thoracic spinal cord. Prior surgical changes in the lumbar spine were noted consistent with lumbar fusion from L1 to L5. Clinical evaluation on 06/30/11 stated the patient was doing well with use of hydrocodone 7.5mg. No significant new findings were noted on physical examination. Additional imaging was suggested if he reported worsening symptoms. The request for a thoracic epidural steroid injection at T11-12 was denied by utilization review on 06/26/12 as there was insufficient objective evidence to support the request. The request

for thoracic epidural steroid injections was denied a second time on 07/02/12.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The updated CT myelogram of the thoracic spine did demonstrate vacuum disc phenomenon at T11-12 with foraminal narrowing; however, this patient had no significant neurological deficits identified on the most recent physical examination from 06/30/11. This clinical note stated this patient was doing well with pain medications and additional imaging was recommended on 06/30/11 if the patient became worse. There was no clear rationale regarding the use of thoracic epidural steroid injections as of 06/30/11 that would support the request under the ODG. It is the opinion of the reviewer that medical necessity is not established for the requested outpatient thoracic epidural steroid injection (ESI).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)